CLINIC CRIER

MARCH 2000

From the Commanding Officer:
Captain Kathleen D. Morrison, MSC, USN

Dear NMCLA Family,

You continue to meet the emerging health care delivery challenges. Thanks to each and every one of you for your dedication and especially for ensuring we keep our PATIENT focus. This PATIENT focus includes quality, safe, timely and "hassle free" healthcare to our beneficiaries by a customer service oriented and competent staff. As part of our customer base, we have some of the most unique patients in Navy medicine—midshipmen preparing to be future Navy and Marine Corps officers. The scope of our services will be assessed as USNA modifies the academic and training environment. As new evolutions are introduced, I will require your leadership and professional knowledge to ensure the solutions meet our standards and USNA requirements.

Please take the time to get to know our customers on the Yard—sign up for the King Hall lunch (families are encouraged to attend), attend a Forrestal Leadership lecture, or attend a variety of the sports events. There is something for you and your family to do everyday. Enjoy the history, heritage and legacy that surround us daily!

This is the time of the year we will bid farewell to several members of the Naval Medical Clinic Family; it is good to know that many of them will continue to be Military Medicine ambassadors. We welcome new personnel who will complement the current staff resulting in an innovative TEAM! It is great to have that blend of corporate knowledge and yet a new set of eyes to assist us with performance improvement and looking at new business practices! There are a variety of collateral duties, Strategic and Annual Plan groups, CAT, and JCAHO Standards committees that need your energy, professionalism and ideas! We look forward to your being part of our successes.

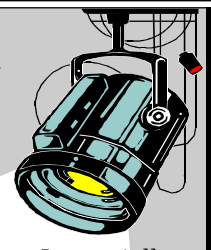
Many of you are very involved in the transition into Primary Care Manager (PCM) by name ensuring patient and provider continuity of care. There are some processes and business practices that are being modified and require some intensive upfront time. Processes such as Problem Summary List (PSL), and monitoring patient's preventive care will become incorporated into every patient's visit. Everyone is confident that this time is an investment in our future health care system success!

March is American Red Cross Month. We are blessed to have an outstanding group of professional volunteers that provide continuity of services in key departments. Because of their vast experiences, they also provide a mentoring role to our staff! Please let them know how much you appreciate all that they do for us!

As LT Gellman transfers to the fleet, we all owe him special thanks as he has served us well as editor of the NMCLA Crier. His energy and creativity made this publication about YOU!

R/ CO

Civilian Spotlight . . . .



Joanne Skinner

"I enjoy my job and I like working with numbers. I especially like doing the TAD because I enjoy interacting with the rest of the Clinic and I get to see everybody," said Ms. Joanne Skinner recently.

Ms. Skinner, an Accounting Technician here at NMCL Annapolis is not boasting. Nearly every member of the clinic has passed through her office. Whether it is house hunting, various schools or a conference, Ms. Skinner assures that the TAD orders are filled out properly and that the claims will get liquidated quickly.

Ms. Skinner started her career in government service 17 years ago here at the United States Naval Academy where her love of numbers found her navigating the dewey decimal system at the library as a technician. Her jobs over the next eleven years included stops in Ft. Carson, Colorado, Ft. Lewis, Washington, Ansbach, Germany and Pope AFB, North Carolina and one return visit to the Academy before returning to Annapolis and the Medical Clinic in particular for the past 6 years. The reason for all of the moves she credits to her husband of 19 years, Raymond, a former active duty Automotive Mechanic with the Army and current member of the Academy's Public Works Department.

Born in Baltimore, Ms. Skinner was happy to return home where she and her husband reside currently in Pasadena with their two daughters Zynia, 19 and Shanique, 17.

Zynia is currently pursuing her degree from Anne Arundel Community College for Radiology Technology, and Shanique is a student at Glen Burnie High School. Joanne says she spends her free time watching her daughter play varsity basketball for Glen Burnie and participating in a bowling league.

Recently she has been trying out her green thumb at gardening. "I used to see everyone in their yards all day long and I said, 'not me!'," but that is changing quickly.

Ms. Skinner is looking forward to retiring from GS in a few years, but has no plans to slow down.

"I want to go to college and get my degree in accounting so I can excel in my field," said Ms. Skinner.

More immediately, though, she and her husband are taking their first of what they hope is many cruises this May. The first destination is to the Carribean.

Well, I think I speak for all of us when I say this, but hurry back Joanne because I need to liquidate my claim and put in a few more before I go!

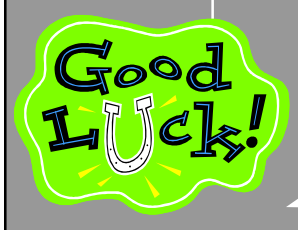
the Buzz around the Clinic

WELCOME

HM3 DENTON - ORTHOPEDICS
HM3 SULS - OP MAN
HM1 MANNING - MILMED

FAREWELL

HM3 MCCOY - CIVLANT
HN MCROBERTS - USS GONZALEZ (DDG 66)
PC3 BRUNO - CIVLANT
HM3 WILCOX - CIVLANT
HM3 VANCIL - CIVLANT
HM3 FORLANO - CIVLANT
LT GELLMAN - USS WASP (LHD-1)



March 17th
Party Responsibly!

CONGRATULATIONS!!!

CDR Brenda Baker for receiving a Mary Hanna Memorial Journalism Award for her collaborative article entitled "Ambulatory Surgical Clinical Pathway".

Coming Soon

March 31st - Awards Ceremony
April 10th - Uniform Change
April 15th - Tax Day
April 17th - Uniform Inspection
April 20th - Passover (Jewish Holiday)
April 23rd - Easter
April 21st - C/MC Turnover
April 26th - NMCLA Health Fair
April 28th - HMC Winstead Retirement Ceremony

Naval Medical Clinic Annapolis

From the Command Master Chief

HMCM Harry K. Ballantyne

Greetings Shipmates,

I thought you would like to see this. As we approach our 102nd Anniversary we have much to celebrate. We have taken on many, many functions as we navigate through current Navy Medical Department policies and functions. Often though, it is important to reflect back and remember where we came from. Our mission continues to be:

THE MISSION OF THE HOSPITAL CORPS
UNITED STATES NAVY

"To give, on land and sea, and in the air, intelligent, capable and efficient assistance to medical, dental, medical service, nurse and hospital corps officers in the eternal war against disease, injury and death, and aid in maintaining of supply and administrative functions of the supportive branches of the Medical Department. And, in the absence of these officers, to display the knowledge and judgement required to meet all emergencies and in every possible manner, assist to the best of their ability, training and knowledge in the function of the Medical Department."

"This complex mission requires of each member of the Hospital Corps a versatility neither demanded nor expected of any other enlisted rate in the Navy. Wherever you find the Navy, wherever you find Marines, you will find the Navy Hospital Corpsman. In times of peace he toils unceasingly, day and night, often in routine and monotonous duties, in times of war he is on the beaches with the Marines, is employed in the amphibious operations, in transportation of wounded by air, in the front battle lines, on all types of ships, submarines, aircraft carriers and landing craft. In short, wherever medical services may be required, the hospital corpsman is there, not only willing, but prepared to serve his country and his fellow above and beyond the call of duty."

REPRINTED FROM THE HANDBOOK OF THE HOSPITAL CORPS, U.S. NAVY

Proud to Serve!
R/ Command Master Chief

Data Quality

The following is an excerpt from a memo dated February 28, 2000. The author is Mr. J.V. Cuddy, Assistant Chief for Resource Management on behalf of the Chief, Bureau of Medicine and Surgery.

"Poor data quality and the lack of systematic links among data from multiple information systems has compelled the Military Health System (MHS) to make decisions based on imperfect data. For many years we have all struggled with an under-performing MEPRS/EAS cost management system due to poor data quality. It has been determined that the major culprits of poor data in MEPRS/EAS are: problems related to data collection practices and processes, inaccurate feeder system (e.g. Composite Health Care System (CHCS) file and table builds, and misapplied system data compilation business rules. Therefore, an overarching goal of this validation and reconciliation is to develop comprehensive and integrated data by employing total quality principles in conjunction with a disciplined approach, and the involvement of a broad range of management personnel in the data validation and reconciliation activities on a continuing basis, although time-consuming, becoming very clear. When changes are implemented, they have incorporated integrated and comprehensive data collection and reporting policies, business practices and processes that focus on data quality. Results from implementation demonstrate immediate improvements in timeliness, accuracy, reliability, and the consistency of data."

Naval Terms . . . How Salty Are You?

Binnacle List
A ship's sick-list. A binnacle was the stand on which the ship's compass was mounted. In the eighteenth century and probably before, a list was given to the officer or mate of the watch, containing the names of men unable to report for duty. The list was kept at the binnacle.

Boot camp
During the Spanish-American War, Sailors wore leggings called boots, which came to mean a Navy (or Marine) recruit. These recruits trained in "boot" camps.

Clean Bill of Health
This widely used term has its origins in the document issued to a ship showing that the port it sailed from suffered from no epidemic or infection at the time of departure.

Mayday
The distress call for voice radio, for vessels and people in serious trouble at sea. The term was made official by an international telecommunications conference in 1948, and is an anglicizing of the French "m'aidez," (help me).

Shows his true colors
Early warships often carried flags from many nations on board in order to elude or deceive the enemy. The rules of civilized warfare called for all ships to hoist their true national ensigns before firing a shot. Someone who finally "shows his true colors" is acting like a man-of-war which hailed another ship flying one flag, but then hoisted their own when they got in firing range.

"I wish to have no Connection with any Ship that does not Sail fast for I intend to go in harm's way."
Capt. John Paul Jones, 16 November 1778, in a letter to le Ray de Chaumont.

PICTURE THIS!

Red Cross Volunteers are at the very heart of the Naval Medical Clinic Annapolis because they represent people who truly give to others from the heart. Some would feel that their services are mundane, like filing chits in records or handing out prescriptions in the pharmacy, but ask the people who work with them and you will get a real feeling for the value of their time spent here in the clinic. Time spent which allows us to provide the best health care in the Navy!

There is over 150 years of Red Cross Volunteer time represented in the picture to the left. Between Mrs. Marjorie Wigley (Second row, far right) and Mrs. Anita Cavanaugh (Fifth row, second from the right) alone there is over sixty years of service.

They are:
Top row: Judy Poirior and Bill O'Riley
Second row: Karen Mawn, Romaine Kramer, Marjorie Wigley
Third row: Florence Moore, Betty Glickert, Mary Jane McLaughlin
Fourth row: Steven Chavez, Helene Grey, Peter Schmidt
Fifth row: Bill Nash, Mrs. Chavez, Cecelia Schmidt, Jan Heaton - NMCL Health Benefits Advisor, Anita Cavanaugh, CAPT Morrison - CO

March is American Red Cross Month!

THE MINIMUM STANDARD

These are the original standards published by the American College of Surgeons in 1924. These became the basis of the Joint Commission standards that we know today.
The original standards required the Medical Staff to be organized, appropriately trained and licensed. The standards stressed competent, ethical and professional behavior with policies and procedures to guide them. The 1924 standards required physicians to review the care provided and have a complete medical record for every patient. Staff meetings were required monthly.
1. That physicians and surgeons privileged to practice in the hospital be organized as a definite group or staff. Such organization has nothing to do with the question as to whether the hospital is "open" or "closed," nor need it affect the various existing types of staff organization. The word STAFF is here defined as the group of doctors who practice in the hospital inclusive of all groups such as the "regular staff", "the visiting staff", and the "associate staff".
2. That membership upon the staff be restricted to physicians and surgeons who are (a) full graduates of medicine in good standing and legally licensed to practice in their respective states or provinces, (b) competent in their respective fields, and (c) worthy in character and in matters of professional ethics; that in this latter connection the practice of the division of fees, under any guise whatever, be prohibited.
3. That the staff initiate and, with the approval of the governing board of the hospital, adopt rules, regulations, and policies governing the professional work of the hospital; that these rules, regulations, and policies specifically provide: (a) That staff meetings be held at least once a month. (In large hospitals the departments may choose to meet separately. (b) That the staff review and analyze at regular intervals their clinical experience in the various departments of the hospital, such as medicine, surgery, obstetrics, and other specialties; the clinical records of patients, free and pay, to be the basis for such review and analyses.
4. That accurate and complete records be written for all patients and filed in an accessible manner in the hospital-a complete case record being one which includes identification data; complaint; personal and family history; history of present illness; physical examination; special examinations, such as consultations, clinical laboratory, X-ray and other examinations; provisional or working diagnosis; medical or surgical treatment; gross and microscopic pathological findings; progress notes; final diagnosis; condition on discharge; follow up and, in case of death, autopsy findings.
5. That diagnostic and therapeutic facilities under competent supervision be available for the study, diagnosis, and treatment of patients, these to include, at least (a) a clinical laboratory providing chemical, bacteriological, serological, and pathological services; (b) an X-ray department providing radiographic and fluoroscopic services.

These standards have changed very little over the past 76 years. They were proposed by a surgeon, Dr Codman, who believed physicians had a responsibility to patients to review the care provided to make sure no harm was done.

- Ms. Eva Miller
- Performance Improvement

For more information about JCAHO, visit their website at:

http://www.jcaho.org/

Medical Minute

New Treatments for Influenza – Are they Better??

It's that time of year again. The thermometer is dipping and the nares are dripping which has caused a record number of medical visits this winter. Influenza, commonly called "the flu", is caused by viruses that infect the respiratory tract. Typical symptoms include fever (usually 100°F to 103°F), cough, sore throat, runny or stuffy nose, as well as headache, myalgias (muscle aches), and often extreme fatigue. Although nausea and vomiting can sometimes acompany influenza infection, especially in children, gastrointestinal symptoms are rarely prominent. The term "stomach flu" is a misnomer that is sometimes used to describe gastrointestinal illnesses caused by other microorganisms.

Most people recover completely in 1 to 2 weeks, but some individuals develop serious and potentially life threatening complications such as pneumonia. In the past, the treatment for this condition has mainly been symptomatic. There have been two drugs, which were approved for influenza infections in previous years called amantadine and rimantadine. However, the side effects of such medicines were somewhat serious and included behavioral changes, delirium, hallucinations, agitation, and seizure activity. Therefore, health care providers avoided these drugs if possible and only used them only under certain circumstances.

Due to the lack of adequate treatment, there has been significant research in this area. This prompted a new approach to attacking influenza and allowed the FDA to approve two new drugs for influenza in 1999. Despite controversy over their usefulness, zanamivir (Relenza) and oseltamivir (Tamiflu) are touted as the new and improved version for treatment of "the flu". Both have had high sales and produced significant returns for the companies who have developed them but the real question remains. Are they truly effective enough to justify their high prices at the pharmacy?

Two recent studies have shown that each medication has improved the symptoms of influenza by 1 to 11/2 days at most if given within twenty-four to forty-eight hours of symptom onset. When you compare how this improves the natural course of the illness, it only reduces duration of symptoms by 7-14%. The group who could benefit most by this treatment is those who have a high risk of developing complications (the elderly and those with chronic medical conditions). However, these drugs have not been tested on that patient population. In my mind, I'm not convinced that the cost/benefit is worthwhile for these medications at this time. (However, ask me the same question when I'm lying in bed afflicted with influenza and I may give you a different answer.)

I guess the take home message is PREVENTION. Make sure you receive your influenza vaccine in the fall before the flu season approaches. It's not perfect, however it has been shown to be approximately 70-90% effective in preventing the illness associated with influenza.

- J.T. Schindler, M.D.
- LCDR MC USNR

Health Promotion is on the Yard

"The first of its kind!" That's what the Naval Academy can proudly say about the new Health Promotion Office located in Bancroft Hall.

"The Little Office Doing Big Things" is bringing health information and material close to home for the Brigade of Midshipmen.

A ribbon cutting ceremony on 08 February 2000 marked the opening of the first Health Promotion Office located in a military academy dormitory. This gives the Brigade more convenient access to literature, videos, displays and websites in topics of health promotion and personal performance that most concern a midshipmen or any college-age student.

"Our new neighbor seems intent on making us healthy and fit", said MTC (SS) Gemeny, Company Chief for 30th Company. "This is a convenient resource for the midshipmen and staff."

An avowed policy of the Department of the Navy is to ensure military readiness, maximize individual performance, and reduce the cost of military health through programs of physical fitness, disease prevention, and health maintenance.

Health promotion is the process of enabling personnel to increase control over their health. Positive lifestyle and behavioral changes can improve health and enhance quality of life, which for the military, translates into better operational readiness and increased retention of valuable personnel.

The Health Promotion Office will help focus the Naval Academy's 2010 vision in promoting lifelong physical fitness through education. Augmented by mental and character development, graduates of the Naval Academy will set the example for sailors and marines in every aspect of living.

The future of the Navy begins at the Naval Academy. The future of military health begins here as well. The paradigm shift to health promotion, wellness, health leadership and personal performance will have the Navy and its future leaders, "Fit to Fight" and "Fit for Life"!

- LT Rhonda Gabel, NC
- Health Promotions

Is It a Cold or the Flu?

The information below was developed by the National Institute of Allergy and Infectious Diseases. Sierra Military Health Services (SMHS) the TRICARE administrator for TRICARE Northeast presents this information to you to assist you in making healthful health choices.

Sneezing, scratchy throat, runny nose- everyone knows the signs of a cold. The common cold is usually mild, with symptoms lasting a week or less. It is also the leading cause of doctor visits and school or job absenteeism.

Influenza, or the "flu," is a respiratory infection caused by a variety of influenza viruses. The most familiar aspect of the flu is the way it can knock you off of your feet. It often sweeps through entire communities during the winter. The flu can be more serious than a cold and can sometimes lead to bronchitis or pneumonia. You should know the differences so you can take steps toward prevention and proper medical treatment.

Symptoms	Cold	Flu
Fever	Rare	Characteristic, high (102-104°F); lasts 3-4 days
Headache	Rare	Prominent
General Aches & Pains	Slight	Usual; often severe
Fatigue	Quite mild	Can last up to 2-3 weeks
Extreme Exhaustion	Never	Early and prominent
Stuffy Nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore Throat	Common	Sometimes
Chest Discomfort, Cough	Mild to moderate; hacking cough	Common; can become severe
Complications	Sinus congestion or earache	Bronchitis; pneumonia; can be life threatening
Prevention	None	Annual vaccination; amantadine or rimantadine (antiviral drug) as recommended by your doctor
Treatment	Only temporary relief of symptoms	Amantadine or rimantadine within 24-48 hours after onset of symptoms as recommended by your doctor

Science Q & A courtesy the New York TImes

Q: *Why don't your eyes freeze when you are skiing or walking the dog in subzero temperatures?*

A: **The eyes have a very efficient radiator as well as a surface deicing system, at least in theory, said Dr. Amilia Schrier, an ophthalmologist on the faculty of the Columbia Presbyterian Medical Center.**
"The eye has a tremendous vascular coating, a system of blood vessels, that provides a constant irrigation of warm blood through and around the eyeball to keep it warm," she said. This makes freezing very unlikely.
As for the surface of the eye, tears have a high salt concentration, which keep them from freezing at 32 degrees, as plain water would, she said, and the eye is constantly coated with tears.
It is not impossible to freeze the eye, but it requires very low temperatures, Dr. Schrier said.
For example, a freezing procedure called retinal cryotherapy, using a probe with liquid nitrogen, has been used to destroy certain parts of the retina, and the same procedure is also used to kill the cells of certain cancerous growths.
Part of the eye is frozen for several seconds, and a visible ice ball forms, but the eye immediately defrosts when the probe is removed, she said.

Q: *Why does eating something really cold, like ice cream, sometimes give me a headache?*

A: You are not alone, because about 30 percent of the population seems to have the same problem.
The classic ice cream headache is a stabbing pain that usually peaks after 30 to 60 seconds, though it can last up to five minutes. A doctor who gets such headaches himself, Dr. Robert Smith, founder of the Cincinnati Headache Center at the University of Cincinnati College of Medicine, experimented with crushed ice applied to different parts of his mouth to see what set off the pains.
The culprit, his research indicates, is at the back of the palate, from which a mass of nerves called the spheno-palatine ganglion stretches into the head. The nerves control the dilation and contraction of blood vessels, and dilated blood vessels in the head are known to cause several kinds of headaches.
Dr. Smith also found that he was able to induce such headaches only on warm days, though the internal mouth temperature remains constant. Other researchers have suggested that this is because in hot weather, a person tends to gulp cold drinks or wolf down lemonade so that the cold stuff is more likely to hit the palate hard. Ways to avoid the pangs might be to let the ice cream warm up in the front of the mouth before swallowing or to swallow it in such a way that it does not linger on the palate.

C. CLAIBORNE RAY

"To laugh often and much; to win the respect of intelligent people and the affection of children; to earn the appreciation of honest critics and endure the betrayal of false friends; to appreciate beauty, to find the best in others; to leave the world a little better; whether by a healthy child, a garden patch or a redeemed social condition; to know even one life has breathed easier because you have lived. This is the meaning of success."

-Ralph Waldo Emerson

From the Ombudsman

Hello NMCL,

The snow is finally melted and I think I have found my sidewalks again. The biggest order of business seems to be the housing renovation project. The what? The housing renovation project that will begin this summer and may impact several staff members. The good news is that if you do not live in housing or don't know anyone living in housing you can skip this article and start to make plans for graduation week and the annual performance of the Blue Angels! However, if you live in housing or work with some folks who do live in the "chateau de Gov't " you need to do a couple of things to help transition and understand what and why. First and always most importantly COMMUNICATE clearly and often with your housing representative, spouses, and coworkers. If this is the first you have heard of this project in the projects, don't worry just give your housing rep a friendly phone call and inquire about how you will be impacted. Second, COMMUNICATE clearly and often with your housing representative, spouses, and coworkers. Do you see a recurring theme? The commanding officers of the U. S. N. A. complex are in close contact with the housing project managers and your biggest advocate. All parties are involved in the very "human" side of this evolution and are trying to accommodate everyone's desires as best as they can. Please convey your wishes as soon as possible so they can try and work with you. Third, COMMUNICATE clearly and often with your housing representative, spouses, and coworkers. I think you get the idea...there have been several revisions to the sequence of events that are yet to be played out. In most cases, they will try to keep your family in the same size unit, same street, and at least same side of river. The move will be of no cost to you and they are encouraging "Do It Yourself" (DITY) moves to help defray the cost and put a little summer money in those residents' pockets who want to break, I mean move, their own personal things. Oh, by the way, we are going to be moving in June, that is the last I have heard. Please keep an open mind and open line of communication with all the parties involved especially with your loved ones. Think summer, think summer, think summer! As always if you need to contact me I can be reached by e-mail at NMCLAOMB@AOL.COM and my phone is always open.

Sincerely,
Lisa Lane

So . . . do you put gifts under a St. Patrick's Day Tree?

That's one question patients have been asking about the odd-looking tree in the Primary Care Clinic reception area. The tree, a six-foot white artificial pine, was brought in by Ed Smith, an employee of PCC. For the last 5 years it was, as would be expected, a christmas tree. But now, it's called a Holiday Tree, according to the tree's ringleader Marianne Phillips, RN, Nurse Manager of PCC.

"I had read an article about a family that had done this, so while we were taking down the tree this past December I said that it would be a good idea (to leave the tree up) to lift the spirits of the patients and staff."

Well, the Christmas tree then turned into the Millenium tree, to welcome Y2K, the Valentine's Day tree and then the St. Patrick's Day tree that is currently on display in PCC.

What do the patients think?

"It's been all positive. At first they were asking when are you taking the tree down?" said Ms. Phillips.

Soon the patients started to realize that it was not Chistmas decorations on it, and interest really grew.

"No one really paid attention until the feedback started pooring in," said Anne Dernoga, one of PCC's Registered Nurses, and "anything that gets positive feedback is a good thing."

"Kids love it, it gives them something to do while waiting for their appointments. They love to just look at the tree."

Patient Jim Knorr says that it is, "very upbeat and comforting. It shows that the people who work here are in tune with the world and everyone wants to know what is the next holiday (theme)."

Al Cipriani, another patient, added that the tree, "keeps (PCC) from being a drab ugly spot."

Marianne Phillips, RN, and the now famous Primary Care Theme Tree.

And the staff seems to love it too.

"It gives our patients something nice to talk about, and for the kids to play with," offered Viola Berry, a Certified Medical Assistant at PCC, "the patient's think it is a neat idea. They never thought you could do that with a tree."

Ms. Dernoga jokingly suggested a more common sense answer to the tree, "it's good when you don't want to take the tree down," but went on to finish that the "children really like it. Our ped(iatric) patiens really make a big deal about it."

So where do the ideas and the decorations come from, some people ask. The staff claims that there is no theme tree committee to decide the theme or purchase decorations. It's an informal group, more spontaneous decision than anything else. And the decorations are usually donated by the staff members. Dr. Ritamarie Moscola donated all of the items on the St. Patrick's tree and Cynthia Bornemann, the Project Manager for PCC is already working on the next theme.

What is next you might ask?

"Next is an Easter tree, then a May Day tree," offered Ms. Phillips. But when pressed for more, Ms. Phillips smiled and replied, "we don't want to give away all of our secrets."

Learn To Sail

Have you ever wanted to learn how to sail, but couldn't afford it? In Annapolis, it may cost you an arm and a leg, and if not it most certainly will cause a hole in most budgets. Well now may be the time for you, because the Annapolis Naval Sailing Association is offering lessons for free. That's right, FREE **for E1-E9 active duty personnel.**

Beginning in late March to early April, a class schedule will be available to learn basic sailing (AB1 course curriculum). An opportunity to sail a 25-foot vessel will be at the ready for all interested. All you need to do is contact me and I can assist you to get into one of these scheduled classes. However, you will need a $35.00 <u>fully refunded</u> **seat holding fee. At the end of the class, you will receive a certificate and license allowing you to rent sailing vessels, same class as the one you learn on, virtually anywhere in the US. There are other opportunities through ANSA to sail as well. If you already possess a license in Basic Sailing it can be arranged for you to take advanced courses and to assist in sailing larger vessels. These opportunities for more advanced sailing and classes are unfortunately not free; however, with a membership to ANSA they can be had at a fraction of the cost for "Out in town training."**

If this strikes a particular interest with you then feel free to come see me or contact me via voice or email. Again I can be reached up in the Radiology at 3-2242 or my voicemail is 3-1203.

- HM2 (FMF) Keith Brenner
- LPO Radiology

For more information on MWR Sailing programs, visit the Web at::

http://www.usna.edu/MWR/programs.htm#marinarents

Final Notes

Many of you may wonder why this issue is so big. The reason is that I didn't want to have anybody left out of my final issue as editor of the Crier. When I first arrived at Annapolis and saw my name in the Crier, I remember how good that made me feel. I have tried to get as many of you in here as possible and sometimes I slipped. Other times there were just other issues which prevented me from including everything.

I tried very hard to continue in Karen Coffman's shoes with the Crier. Sure, I personalized it and added some bits of flair. But the one thing that Karen always reminded me of was that the Crier was about the staff here at NMCLA. The CO was VERY persistent on this fact as can be attested by my emails from her around the printing date...(which was VERY fluid)..

I want to thank every staff member who submitted something to this newsletter, whether it was intentional through articles or incidentally through an action or event such as a baby or wedding. It was your contributions that made the Crier interesting to create. To everyone who reads the Crier and shares their thoughts and ideas, a special thanks goes to you, for it was your suggestions that made it interesting, informative and innovative. I think, thanks to Mr. DeGuzman, that our newsletter is the first to be simultaneously published online as well as in black and white. We even beat NMIMC to this feat!

As I leave, there has not been a successor named for the Crier. I would hate that the Crier be discontinued, because I still remember that day when I read my name in it, and remember how I felt like I was part of the family already. I would hate for that opportunity, that moment, to not exist for our future sailors, many of whom are reporting to their first duty station miles away from where they lived all of their lives.

So if you have ANY desire to do some desktop publishing, or writing or even collect articles and edit them (by far the hardest job) let the CO or XO know. The Crier will only survive with the help and support of the staff here.

Very respectfully,
LT Gregg Gellman